

C.L. "BUTCH" OTTER
Governor

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

WILLIAM W. DEAL
Director

RENEWAL OF MGA LICENSE

LICENSE # _____

NAME OF AGENCY: _____

ADDRESS: _____

Phone: _____ Fax: _____

Email: _____

Contact: _____

Your MGA license expires at midnight on 6/30/2009. Follow these instructions to renew this license:

- If paying on or before 06/30/2009, pay \$80.00.
- If paying on or after 07/01/2009, the fee is \$160.00.

Amount of funds handled or premiums collected per calendar year
2008: _____.

[See Idaho Code §41-1503 (3) for description]. If your current bond does not reflect **10%** of the amount listed above, please forward original bond rider to amend your bond.

If you have entered into any new agreements with authorized insurers pursuant to Idaho Code §41-1505, a copy of the agreement must be filed with the department within 30 days but may be attached herein if not yet reported.

Please contact the Idaho Department of Insurance if you have any questions regarding this form or the renewal process. Forward with appropriate fees to:

Idaho Department of Insurance
700 W State St Fl 3
PO Box 83720
Boise ID 83720-0043

Phone: 208-334-4250
Fax: 208-334-4398
email: agent@doi.idaho.gov